

151215



<b>POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT</b>				I. IDENTIFICATION	
				01 STATE NJ	02 SITE NUMBER D000512467
<b>II. SITE NAME AND LOCATION</b>					
01 SITE NAME (If legal, common, or descriptive name of site) Fairchild Republic			02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER Board Hollow Road		
03 CITY Farmingdale		04 STATE NY	05 ZIP CODE 11735	06 COUNTY Suffolk	07 COUNTY CODE 103
08 COORDINATES LATITUDE 4 0° 4 4' 1 6" W		LONGITUDE 7 3° 2 5' 8" W			
10 DIRECTIONS TO SITE (Starting from nearest public hwy) Take exit 32 off the Southern State Parkway. Go north on Board Hollow Road for about 2 miles. Fairchild Republic is on the right side of the road.					
<b>III. RESPONSIBLE PARTIES</b>					
01 OWNER (If known) Fairchild Republic			02 STREET (Business, mailing, residential) Board Hollow Road		
03 CITY Farmingdale		04 STATE NY	05 ZIP CODE 11735	06 TELEPHONE NUMBER 1 516 1531-3332	
07 OPERATOR (If the same and different from owner) Same as owner			08 STREET (Business, mailing, residential)		
09 CITY		10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER 1 1	
13 TYPE OF OWNERSHIP (Choose one) <input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input checked="" type="checkbox"/> A. RCRA 300) DATE RECEIVED: <u>1</u> / <u>1</u> / <u>83</u> MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103) DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> C. NONE					
<b>IV. CHARACTERIZATION OF POTENTIAL HAZARD</b>					
01 ON SITE INSPECTION <input type="checkbox"/> YES DATE <u>4</u> / <u>14</u> / <u>83</u> MONTH DAY YEAR <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER _____ (Specify) CONTRACTOR NAME(S): <u>NUS Corporation</u>			
02 SITE STATUS (Choose one) <input type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION <u>1940</u> Present <input type="checkbox"/> UNKNOWN <small>BEGINNING YEAR    ENDING YEAR</small>			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Discharges of Methylene Chloride and Trichloroethane occurred in 1981. Other hazardous substances are known to exist.					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION  A potential for groundwater contamination exists.					
<b>V. PRIORITY ASSESSMENT</b>					
01 PRIORITY FOR INSPECTION (Choose one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Detection of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input checked="" type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
<b>VI. INFORMATION AVAILABLE FROM</b>					
01 CONTACT Mark Haulenbeek		02 OF (Agency/Organization) EPA, Region II, Environmental Services Division			03 TELEPHONE NUMBER (201) 221-6685
04 PERSON RESPONSIBLE FOR ASSESSMENT William G. Russell		05 AGENCY EPA	06 ORGANIZATION NUS FIT II	07 TELEPHONE NUMBER (201) 225-1,061	08 DATE <u>4</u> / <u>22</u> / <u>83</u> MONTH DAY YEAR



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE NJ 02 SITE NUMBER D000512467

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

<b>01 PHYSICAL STATES</b> (Check all that apply) <input type="checkbox"/> A. SOLID <input type="checkbox"/> B. POWDER, FINES <input checked="" type="checkbox"/> C. SLUDGE <input type="checkbox"/> D. OTHER (Specify) _____	<b>02 WASTE QUANTITY AT SITE</b> (Measures of waste quantities must be independent) IONS 2964 per yr. CUBIC YARDS _____ NO. OF DRUMS _____	<b>03 WASTE CHARACTERISTICS</b> (Check all that apply) <input type="checkbox"/> A. TOXIC <input checked="" type="checkbox"/> B. CORROSIVE <input type="checkbox"/> C. RADIOACTIVE <input type="checkbox"/> D. PERSISTENT <input type="checkbox"/> E. SOLUBLE <input type="checkbox"/> F. INFECTIOUS <input checked="" type="checkbox"/> G. FLAMMABLE <input type="checkbox"/> H. M. IGNITABLE <input type="checkbox"/> I. HIGHLY VOLATILE <input type="checkbox"/> J. EXPLOSIVE <input type="checkbox"/> K. REACTIVE <input type="checkbox"/> L. INCOMPATIBLE <input type="checkbox"/> M. NOT APPLICABLE
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III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE	288	tons/yr.	PAINT: Chrome reduction & WWP
OLW	OILY WASTE	1514	tons/yr.	Cooling & cutting oils
SOL	SOLVENTS	27	tons/yr.	Paint & epoxy strippers
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS	31	tons/yr.	Old paint, residue, flammables
IOC	INORGANIC CHEMICALS			
ACD	ACIDS	329	tons/yr.	Cleaning & etching solutions
BAS	BASES	675	tons/yr.	Cleaning & etching solutions
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently used CAS Numbers)

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION
OLW	Cutting & Cooling Oil		Waste transporter		
OLW	Waste Oil		Waste transporter		
BAS	Sodium-hydroxide	1310-73-2	Waste transporter		
SLU	Waste Paint Residue	-	Waste transporter		
SLU	Waste Paint Sludge	-	Waste transporter		
SLU	WWTP Sludge	-	Waste transporter		
SLU	Chromium Reduction Sludge	-	Waste transporter		
ACD	Sulfuric Acid	7664-93-9	Waste transporter		
ACD	Deoxidizer Solution	-	Waste transporter		
ACD	Dichromate Solution	-	Waste transporter		
ACD	Nitric-sodium-sulfate	-	Waste transporter		
ACD	Nitric-hydrofluoric solution	-	Waste transporter		
ACD	Sulfuric-chromium solution	-	Waste transporter		
	"See attached sheet for additional hazardous substance."				

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS	not applicable		FOS		
FDS			FDS		
FDS			FOS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

Site Inspection, NUS PIT II, 4/14/83  
County file, Suffolk County Department of Health Services, Hauppauge, NY



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
NY F000512467

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: 7850 04 NARRATIVE DESCRIPTION

On three separate occasions in 1981, Fairchild Republic was accused of discharging hazardous materials to a storm water sump (003). These discharges could potentially contaminate the groundwater.

01 ☐ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

No potential for surface water contamination exists.

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

No potential contamination of air exists.

01 ☒ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☒ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: 1,000 04 NARRATIVE DESCRIPTION

Some of the materials used at the facility are flammable. Emergency fire equipment is found at several locations to minimize the potential of fire and explosion.

01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: 2,000 04 NARRATIVE DESCRIPTION

Some plant employees may come into direct contact with hazardous materials during the various production processes. Potential for direct contact with waste streams is minimal.

01 ☐ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 AREA POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION  
(Acres)

No potential contamination of soil exists.

01 ☒ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☒ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: 7850 04 NARRATIVE DESCRIPTION

The groundwater has a minimal potential to be contaminated.  
The drinking water is supplied from the groundwater.

01 ☒ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☒ POTENTIAL ☐ ALLEGED  
03 WORKERS POTENTIALLY AFFECTED: 2,000 04 NARRATIVE DESCRIPTION

Workers in direct contact with hazardous materials may potentially be exposed.

01 ☒ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☒ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: 7850 04 NARRATIVE DESCRIPTION

People who are supplied by the groundwater from the area of Fairchild Republic have a potential to be exposed.



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION  
01 STATE 02 SITE NUMBER  
NY D000512467

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

No potential damage to flora exists.

01 ☐ K. DAMAGE TO FAUNA  
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

No potential damage to fauna exists.

01 ☐ L. CONTAMINATION OF FOOD CHAIN  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☒ POTENTIAL ☐ ALLEGED

No potential contamination of food chain exists.

01 ☒ M. UNSTABLE CONTAINMENT OF WASTES  
(Spills/runoff/leaking liquids/leaking drums)

02 ☒ OBSERVED (DATE: 1981 \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: 7850

04 NARRATIVE DESCRIPTION

In 1981, hazardous waste was discharged to a sump. Plant wastes are presently self-contained.

01 ☐ N. DAMAGE TO OFFSITE PROPERTY  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

No damage of off-site property was observed.

01 ☒ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☒ POTENTIAL ☐ ALLEGED

Wastes from several processes are transported through drains on the facility to an on site WWTP. These wastes may be potential sources of contamination.

01 ☒ P. ILLEGAL/UNAUTHORIZED DUMPING  
04 NARRATIVE DESCRIPTION

02 ☒ OBSERVED (DATE: 1981 \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

Unauthorized discharges of methylene chloride and trichloroethylene were observed.

OS DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

No other hazards are known to exist.

III. TOTAL POPULATION POTENTIALLY AFFECTED: 7850

IV. COMMENTS

Contamination of the storm water disposal system was observed in 1981. After informal hearings, consent orders for corrective measures were issued and complied with.

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

Site Inspection, NOS FIT II, 4/14/83  
County file, Suffolk County Department of Health Services, Happaugue, NY

PART IV. HAZARDOUS SUBSTANCES continued

<u>CATEGORY</u>	<u>SUBSTANCE NAME</u>	<u>CAS NUMBER</u>	<u>STORAGE/DISPOSAL METHOD</u>
OCC	Waste Paint	-	Waste Transporter
OCC	Waste Epoxy Resin	-	Waste Transporter
SOL	Waste Epoxy Paint Stripper Rinse Water	-	Waste Transporter
SOL	Waste Paint Stripping Rinse Water	-	Waste Transporter
SOL	Methyl Ethyl Ketone	78-93-3	Waste Transporter
ACD	Alouine Solution	-	Waste Transporter
SOL	Méthylène Chloride	75-09-02	Waste Transporter
SOL	Trichloroethylene	79-01-06	Waste Transporter